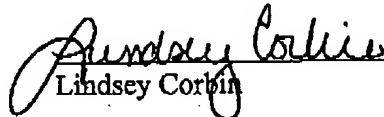


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CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571)-273-8300.

Date: 7-10-06
Lindsey CorbinTOTAL PAGES 25

In Re Application Of: Kent, et al.

Art Unit: 2643

Serial No.: 10/755,491

Confirmation No.: 1981


Filed: January 12, 2004

Docket No. 190250-1280

For **ELECTRONIC MAIL NOTIFICATION**

Amendment Transmittal
Response to Final Office Action
Request for Continued Examination
Fee Transmittal
Form 2038 Authorizing \$790.00 for RCE

JUL 10 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. 190250-1280	
Applicant(s): Kent et al.					
Serial No. 10/755,491	Filing Date January 12, 2004	Examiner Ramakrishnaiah, Malur	Confirmation No. 1981	Group Art Unit 2643	
Invention: Intelligent Interactive Call Handling					
<p>Commissioner for Patents Mall Stop After Final P.O. Box 1450 Alexandria VA 22313-1450</p> <p>Transmitted herewith is a Response to Final Office Action and a Request for Continued Examination in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =		X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =		X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.</p>					
 Charles W. Griggers, Reg No. 47,283			7-10-06 Date		

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006 OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).**FEE TRANSMITTAL**
For FY 2006

Complete if Known

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JUL 10 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$790.00)

Application Number	10/755,491
Filing Date	January 12, 2004
First Named Inventor	Kent
Examiner Name	Ramakrishnaiah, Malur
Art Unit	2843
Attorney Docket No.	190250-1280

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s).☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (Including Reissues)	50	25
Each independent claim over 3 (Including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
-20 or HP =		
HP = highest number of total claims paid for, if great than 20		
Indep. Claims	Extra Claims	Fee (\$)
-3 or HP =		
HP = highest number of total claims paid for, if great than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number) x	=	


4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount)
Other: Request for Continued Examination

Fee Paid (\$)

\$ 790.00

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 47,283	Telephone Number 770-933-9500
Name: (Print Type)	Charles W. Griggers	Date:	7/10/2006

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) and is essential. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006

Complete if Known

Application Number 10/755,491

Filing Date January 12, 2004

First Named Inventor Kent

Examiner Name Ramakrishnaiah, Malur JUL 10 2006

Art Unit 2643

Attorney Docket No. 190250-1280

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$790.00)

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

200

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

-20 or HP =

HP = highest number of total claims paid for, if great than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

-3 or HP =

HP = highest number of total claims paid for, if great than 3

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

Fee Paid (\$)

\$ 790.00

SUBMITTED BY

Complete (if applicable)

Signature

Registration No. 47,283

Telephone Number
770-933-9500

Name: (Print/Type)

Charles W. Griggers

Date: 7/10/2006

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